

ISSUE SLIP SAMPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	<i>[Signature]</i>		09/18/10
O.I.P.E. CLASSIFIER		10	9/14
FORMALITY REVIEW	<i>[Signature]</i>	3C 11A	10-10-10
RESPONSE FORMALITY REVIEW			

# INDEX OF CLAIMS

✓ ..... Rejected  
 = ..... Allowed  
 (Through numeral)..... Canceled  
 + ..... Restricted  
 N ..... Non-elected  
 I ..... Interference  
 A ..... Appeal  
 O ..... Objected

Claim	Date	Claim	Date	Claim	Date
1	9/18/10	51		101	
2	9/18/10	52		102	
3	9/18/10	53		103	
4	9/18/10	54		104	
5	9/18/10	55		105	
6	9/18/10	56		106	
7	9/18/10	57		107	
8	9/18/10	58		108	
9	9/18/10	59		109	
10	9/18/10	60		110	
11	9/18/10	61		111	
12	9/18/10	62		112	
13	9/18/10	63		113	
14	9/18/10	64		114	
15	9/18/10	65		115	
16	9/18/10	66		116	
17	9/18/10	67		117	
18	9/18/10	68		118	
19	9/18/10	69		119	
20	9/18/10	70		120	
21	9/18/10	71		121	
22	9/18/10	72		122	
23	9/18/10	73		123	
24	9/18/10	74		124	
25	9/18/10	75		125	
26	9/18/10	76		126	
27	9/18/10	77		127	
28	9/18/10	78		128	
29	9/18/10	79		129	
30	9/18/10	80		130	
31	9/18/10	81		131	
32	9/18/10	82		132	
33	9/18/10	83		133	
34	9/18/10	84		134	
35	9/18/10	85		135	
36	9/18/10	86		136	
37	9/18/10	87		137	
38	9/18/10	88		138	
39	9/18/10	89		139	
40	9/18/10	90		140	
41	9/18/10	91		141	
42	9/18/10	92		142	
43	9/18/10	93		143	
44	9/18/10	94		144	
45	9/18/10	95		145	
46	9/18/10	96		146	
47	9/18/10	97		147	
48	9/18/10	98		148	
49	9/18/10	99		149	
50	9/18/10	100		150	

If more than 150 claims or 10 actions  
staple additional sheet here

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